



MHSA INNOVATION CONCEPT #7 Draft Version 2/10/10

SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT

Mental Health / Law Enforcement Coordinated Crisis Response

The project improves upon and expands the capacity of current county-wide efforts by partnering mental health clinicians directly with law enforcement to respond to consumers in crisis. The project improves collaboration among system partners in order to track outcomes and achieve goals.

This project contributes to learning by testing whether strategically combining an established best practice of placing mental health clinicians in law enforcement settings with existing services as part of a comprehensive strategy results in measurable changes and better outcomes for consumers.

1. Problem

According to NAMI and the CA POST Commission, between 10 and 25% of police calls for service in California involve persons who are mentally ill. In Santa Clara County, the District Attorney's office reported that during a recent five year period, 10 of 22 shootings by law enforcement officers involved people who were mentally ill.

County wide, law enforcement agencies lack an adequate capacity to appropriately serve consumers in acute mental health crises. The negative consequences for consumers are unnecessary incarcerations, admission to EPS or admission to emergency rooms, and a lack of access to services. The scope of the problem is significant. In 2007 for example, police throughout Santa Clara County responded to approximately 3609 dispatch calls classified as mental health related. Local area experts believe that a significant number of these consumers may be receiving overly restrictive or inadequate responses. Especially tragic are those responses that result in the injury or death of consumers.

Local city and county efforts to address this problem include mental health crisis intervention training for police officers in the City of San Jose and the creation of a County mental health urgent care clinic. Law enforcement liaisons from the Mental Health Department of Santa Clara County also collaborate with law enforcement personnel on matters related to policy and information gathering. These efforts have begun to improve the treatment provided to consumers, but the problem persists. A new approach combined with system-wide collaboration to increase focus on the problem and track outcomes for clients is needed.

2. Barriers

Law enforcement personnel lack sufficient capacity to intervene effectively and appropriately with clients in acute mental health crises. Training for law enforcement officers is inadequate. Of the 1000 average total hours of training, California police academies only require six hours of on issues related to mental illness.

The mental health urgent care clinic has been underutilized by law enforcement in part because a remote location is not always the most accessible option for law enforcement responding to crises in the field. Currently, there are no mental health clinicians available to directly intervene with law enforcement personnel in the field.

Despite the significant efforts to address the problem, current programs aimed at solving the problem are fragmented and uncoordinated and lack the critical component of mental health clinicians directly placed in law enforcement settings. The failure of stakeholders to fully utilize existing resources and track outcomes combined with the missing critical component of mental health clinicians placed directly in law enforcement settings has resulted in a lack of attention to the problem and the associated will to resolve it.

3. Purpose

This project adapts an existing mental health practice of placing mental health clinicians directly in law enforcement settings by strategically applying it on a smaller scale within a comprehensive strategy to achieve measurable results and better outcomes for consumers. Other communities, such as San Diego's PERT program, have achieved success by placing mental health clinicians in law enforcement settings on a large scale. This project differs by adapting the existing practice (and implementing it on a smaller scale) by strategically combining it with existing services as part of a comprehensive strategy to produce measurable results and better outcomes for consumers.

4. Description of Project

The current system of services available to support consumers with mental health crises who are responded to by law enforcement includes the following components: crisis intervention trained officers, mental health administration law enforcement liaisons, and a mental health urgent care clinic available to assist in evaluation and treatment. Santa Clara County proposes adding an additional component of direct clinical expertise to the current system by placing three mental health clinicians in law enforcement settings with 7 day coverage, strategically assigned to meet peak areas of need throughout the county. The clinicians would provide assistance in the field by responding directly to crises with law enforcement and phone consultation.

Representatives from all components of the system will meet regularly to coordinate efforts and strengthen collaboration. All interventions arising from various components of the system will be uniformly tracked to determine outcomes for consumers.

5. Contribution to Learning

This project tests whether strategically combining an established best practice of placing mental health clinicians in law enforcement settings with existing services as part of a comprehensive strategy results in measurable changes and better outcomes for consumers.

6. Expected Outcomes and Project Measurement

Learning Outcomes

This project tests whether strategically combining an established best practice of placing mental health clinicians in law enforcement settings with existing services as part of a comprehensive strategy results in measurable changes and better outcomes for consumers.

Service Outcomes

More consumers in acute mental health crises will receive interventions that are informed by appropriate mental health practices to be measured by the following indicators:

- Reduction in number of clients incarcerated
- Reduction in clients placed on 5150 holds
- Increase in clients linked to mental health services
- Measurable reductions in cost to both the mental health and criminal justice systems.

Collaborative efforts between law enforcement entities will result in the development of a system to track the disposition of dispatches classified initially as mental health related. The project will also increase experiential learning by law enforcement personnel through contact with mental health clinicians. The process of building collaboration between entities will bring more attention to the problem and increase the motivation of stakeholders to resolve crises in favor of consumers and the community.

Project measurement will be conducted throughout all stages of project implementation using one or more of the following measures:

- Consumer, family and service provider pre and post surveys
- Data collection
- Project team meetings to evaluate progress and problem solve
- Quantitative and qualitative analysis
- Reports to stakeholders

7. Project Duration and Estimated Cost

\$400,000 per year for 3 years